

ISSUE SLIP STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	JA		06/08/01
FEE DETERMINATION			
O.L.P.E. CLASSIFIER		73	6/26/01
FORMALITY REVIEW	SE	55 886	06-28-01
RESPONSE FORMALITY REVIEW	BE	377	11-26-01
		852	07-19-02

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	06/12/01
2	06/12/01
3	06/12/01
4	06/12/01
5	06/12/01
6	06/12/01
7	06/12/01
8	06/12/01
9	06/12/01
10	06/12/01
11	06/12/01
12	06/12/01
13	06/12/01
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47	06/12/01
48	06/12/01
49	06/12/01
50	06/12/01

Claim	Date
Final	
Original	
51	06/12/01
52	06/12/01
53	06/12/01
54	06/12/01
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98	06/12/01
99	06/12/01
100	06/12/01

Claim	Date
Final	
Original	
101	06/12/01
102	06/12/01
103	06/12/01
104	06/12/01
105	06/12/01
106	06/12/01
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108	06/12/01
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142	06/12/01
143	06/12/01
144	06/12/01
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146	06/12/01
147	06/12/01
148	06/12/01
149	06/12/01
150	06/12/01

If more than 150 claims or 10 actions  
staple additional sheet here

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